County		`.		
County Township City Markett No City	PLACE OF BIRTH	BUREAU OF VITAL STATISTICS	State File	-
City	County Vila	PINUNKU CEKTIFICATE OF BIK	State Frie	v0/
Sex	XIII	No. 728 Clu 1	d-lan	Ward
Second Color Seco	2. Full name of child 13ab		If child is	not yet named, make
18. Full maiden (usual place of abode) ((If nonresident, give place and State) ((If nonresident, give place) ((If nonresident, give place)) ((If nonresident,	D Strths }	·	birth	64 8 , 193 x
1. Color or race 1445. Age at last birthday 2. (Years) 20. Color or race 1445. 21. Age at last birthday 1. (Years) 3. Birthplace (city or place) 2. Birthplace (city or place) (State or country) 14. Trade, profession, or particular kind of work done, as spluner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, cannot be sawnill, bank, etc. 16. Date (month and year) last engaged in this work 3. Total time (years) spent in this work 2. Date (month and year) last engaged in this work 3. Spent in this work 2. Total time (years) spent in this work 3. Total time (years) spent in this work 4. Total time (years) spent in this work 5. Total time (year		malden	MOTHER	montone
3. Birthpface (eity or place) (State or country) 14. Trace, profession, or particular kind of work done, as aspinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 28. If stillborn, period of gestation. (months or weeks CERTIFICATE OF ATTENDING PHISICIAN OB MIDWIFE I hereby certify that I stiended the brilding physician or nidwife, then the father, householder, cert., should make this return. (State or country) 22. Birthplace (city or place). (State or country) 23. Trace, profession, or particular kind of work done, as housekeeper, typis, nurse, citrk, done, as housekeeper, typis, nurse, citrk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) 16. Date (month and year) 18. If stillborn, period of gestation. (months or weeks CERTIFICATE OF ATTENDING PHISICIAN OB MIDWIFE I hereby certify that I stiended the brilding of this child, who was both and the father, householder, cert., should make this return. (Signed) (Signed) (Signed) Or Midwite Address Midwite Address Filed. (State or country) 23. Trace, profession, or particular kind of work done, as housekeeper, typis, nurse, citrk,	Residence (usual place of abode) (If nonresident, give place and State)	Mianui 19. Residence	(usual place of abode) sident, give place and Brate)	Many
(State or country) 14. Trade, profession, or particular kind of work done, as spinner, Mull Mark sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as sellk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work. 17. Total time (years) spent in this work. 18. If stillborn, period of gestation. [months or weeks] CERTIFICATE OF ATTENDING PRESICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was a considered to consider the father, househooder, cetc., should make this return. (Date of) (Date of) (Date of) (Date of) (Date of) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address (Signed) (Signed) (Signed) (Constanting particular kind of twork done, as spinner, as househoesper, the consequence, as househoesper, the choose as who househoesper, the choose as w	11. Color or race. MLL 12, Age at last bl	P		irthday/2 (Years)
kind of work done, as splnner, sawper, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 18. If stillborn, period of gestation. (months of work done, as housekeeper, typist, nurse, circlet, etc. 24. Industry or business in which work was done, as own home, lawyer office, silk mill, etc. 25. Date (month and year) 18. If stillborn, period of gestation. (months or weeks) 29. Cause of stillbirth CERTIFICATE OF ATTENDING PHYSICIAN OR MIOWIFE I hereby certify that I attended the birth of this child, who was been alive or stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) When name added from supplemental report. (Date of)	(State or country)	Texas (State or	country)	Frigora
spent in this work. 7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living		Half Mare & Cypist,	rk dons, as housekeeper, nurse, clerk, etc	M. W.
spent in this work. 7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living	sawmill, bank, etc	Suffres O. & work	was done, as own home, 's office, silk mill, etc	
(At time of this birth and including this child) (a) Born allve and now living. I. (b) Born allve but now dead. (c) Stillborn. 8. If stillborn, period of gestation. [months or weeks] CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was [Born alive ov stillborn] When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Or Midwife Midwife Address Filed (A) 19.22	~ ~ ~ ~ ~ ~ ~ ~ ~ ~	tal time (yeaya) . \ 라즈 last er	rgaged in this work 26, Total	time (years)
when there was no attending physician (Born alive or stillborn) When there was no attending physician (Born alive or stillborn) (or midwife, then the father, householder, etc., should make this return. (Signed) or Midwife supplemental report. (Date oi) (Date oi)	27. Number of children of this mother (At time of this birth and including this chil	ld)(a) Born allys and now living(b)	Born alive but now dead.	(c) Stillborn C
I hereby certify that I attended the birth of this child, who was \$\frac{2000}{2000} \text{Clark 1.0 fm} on the date above stated (Born alife of stubern) or midwife, then the father, householder, etc., should make this return. (Signed) the all a \$\frac{2000}{2000} \text{Midwife} \text{ Midwife} \text{ Midwife} \text{ Address} \text{ Filed \$\frac{1000}{2000} \text{ Midwife} \text	beriod of Kestation	Cause of stillbirth		and the first and a first different of the
When there was no attending physician or midwife, then the father, householder, etc., thould make this return. Iven name added from supplemental report. (Date oil) (Signed)		th of this child, who was John	alive 10 Hm and	he date above stated
supplemental report (Date of) Address Filed 10. 19.82	When there was no attending physici or midwife, then the father, household etc., should make this return.	an }		Jum mo
	Diven name added from (Date of)	OK-341 or Address	tiami' A	Midwile
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